

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magaoay, Shirley (ARCH)	CHAPTER 100.1
Address: 1529 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: November 10, 2020 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><b><u>FINDINGS</u></b> Primary care giver, Substitute caregiver #1,#2,#3- CPR and first aid expired.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Caregiver #1, #2, #3. Primary caregiver No Training was held Due to Covid Called heartline Hawaii to schedule Training on 11/10/20 and <del>to</del> open class scheduled on 11/14/2020.</p>	11/14/2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> Primary care giver- No evidence of six (6) hours of continuing education.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I called Professional Health care Educators for open training classes. I attended classes on the following.</i></p> <p><i>Nov. 16, 2020 - Dealing with difficult, combative people. Safety related issues, domestic violence, delirium. 4 Hrs.</i></p> <p><i>Nov. 20, 2020 Documentation - 2 hrs.</i></p>	<p><i>11/16/2020 4hrs</i></p> <p><i>11/20/2020 2hrs</i></p>



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Licensee's/Administrator's Signature: Shirley Magaog

Print Name: Shirley Magaog

Date: February 17, 2020